

London Chemsex Conferences 2024

A PAN-LONDON RESPONSE TO CHEMSEX



Delegates attending the June conference laid the building blocks for a pan-London response to chemsex (column 1) while delegates at the October and November conferences had an opportunity to contribute further (column 2).

Column 1 June 2024	Column 2 October/ November 2024
<p>1. A harm reduction plan/ strategy for London Realistic and pragmatic. Cost of harm reduction versus treatment</p>	<ul style="list-style-type: none"> - Monitored for progress. - Greatest harm reduction surely is not taking cams in the first place? Stronger education not only on harm reduction for those taking, but educate also on the risks and harms which may prevent use/abuse before it happens. - Hard to prove/ quantify. - Accountability by producers of hookup apps. Link in with London HIV Prevention Programme (LHPP) outreach programme.
<p>2. Sustainable funding model/ investment in prevention/ joint funding streams Collaboration between (government) departments, authorities, agencies and NHS</p>	<ul style="list-style-type: none"> - Third sector. - Need change of management, more ‘grassroots’ involvement. Avoid duplication.
<p>3. Joint/ integrated working/ improve support and referral/ care pathways Collaboration. Co-location. Co-production (inc. those with lived experience)</p>	<ul style="list-style-type: none"> - Promotion of more “reachable moments”. - EDI/ UPIs/ KPIs across disciplines to better capture data between services e.g. sexual health services, doing drug interventions but not collecting this data as not linked to UPIs. Integrated contracts between disciplines at a commissioning level. - Integrated commissioning services – dual diagnosis.
<p>4. Capacity building to improve support services provision Multidisciplinary approach. Holistic person-centred services. Cross Borough commissioning</p>	<ul style="list-style-type: none"> - Support not just for clinical, but also for social. The idea that there is sometimes not any sex as a sex party, just that people are at the root of things seeking human connections. - Removing postcode lottery. - Baseline minimum service provision standards.
<p>5. Data gathering and analysis Across LGBTQIA+ spectrum/ communities. NHS, EDs, MPS, LAS, GUMCAD, NDTMS</p>	<ul style="list-style-type: none"> - Monitoring for the data. - More open sharing with the caveat that anonymity is confirmed, but also the recognition that a) we will never know what isn’t reported/underreporting, and b) the risk of double counting the same incident from two or more organisations. - Quarterly meetings of all services involved. - This is the key. Prove quantitative data/evidence that there is an issue. PHE/ NHS/ Mayor should focus resources on. - Data categories not accurate, e.g. ethnicity, cultural background. Difficult to quantify benefits of harm reduction statistically rather than quantitatively. - UK HSA – access to H/care services by LGBTQIA+ – data? - Including marginalised communities. - A woefully inadequate – needs changing. TOPS

<p>6. Education, training, and addressing (a lack of) cultural competence Across disciplines and fields. Focus on mental health services.</p>	<ul style="list-style-type: none"> - Start with frontline workers. - Not meeting needs of people of colour. - Sexual health services. - Sexual/psychosexual ones!
<p>7. Harm reduction: consistent messaging, signposting, outreach, BBV test/ treat Judgement-free. Inclusive. Intersectional. Address stigma: chemsex, drug use, sex.</p>	<ul style="list-style-type: none"> - Create opportunities to introduce harm reduction conversations, e.g.: at sexual health clinics (practitioner leading the questions). - Harm minimisation advice/visual representations not representative of people of colour, those without smart phones, those with other disabilities e.g. visual/ hearing impaired, non-mobile. - Community organisations. Berlin model.
<p>8. Emergency services and criminal justice Clarity of how services intersect/ interact. Distrust of the police, transparency, role (code of conduct)</p>	<ul style="list-style-type: none"> - Putting pressure on apps etc to take more responsibility themselves, e.g. Grindr just a) doesn't do enough education and, b) react appropriately when something goes wrong. - Arrow to (4). - Gather data from A&Es as well as LAS (drug use not always revealed on scene). - Better educate officers and police forces. Inclusion of prisons and cam sex related crimes.
<p>9. Proposed:</p>	<ul style="list-style-type: none"> - Young person service for chemsex. - Outside of London, London as a hub.